FOR BOARD OF HEALTH USE ONLY			
Date Received	Date Inspected	Approved By	Permit # Issued

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OR CITY OF _____

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1. Establishment Name:	
2. Establishment Address:	
3. Establishment Mailing Address (if different):	
4. Establishment Telephone No:	
5. Applicant Name & Title:	
6. Applicant Address:	Email Address:
7. Applicant Telephone No:	24 Hour Emergency No:
8. Owner Name & Title (if different from applicant):	
9. Owner Address (if different from applicant):	

10. Establishment Owned By:	11. If a Corporation or Partnership, give name, title, and home address of officers or partner.
☐ An Association ☐ A Corporation ☐ An Individual ☐ A Partnership ☐ Other Legal Entity _____	Name / Title / Home Address

12. Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:	
Address:	
Telephone No:	
Emergency Telephone No:	Fax:

13. District or Regional Supervisor *(if applicable)*	
Name & Title:	
Address:	
Telephone No:	Fax:

Food Establishment Information

14. Water Source: DEP Public Water Supply No.: *(if applicable)*	15. Sewage Disposal:
16. Days and Hours of Operation:	17. No. of Food Employees:
18. Name of Person In Charge Certified in Food Protection Management: *Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.*	
19. Person Trained in Anti-Choking Procedures (if 25 seats or more): ☐ Yes ☐ No	

20. Location *(check one)* ☐ Permanent Structure ☐ Mobile	22. Establishment Type (check all that apply) ☐ Retail (Sq. Ft.) ☐ Food Service – (Seats) ☐ Food Service – Takeout ☐ Food Service – Institution (Meals/Day) Other (Describe)	☐ Caterer ☐ Food Delivery ☐ Residential Kitchen for Retail Sale ☐ Residential Kitchen for Bed and Breakfast Home ☐ Residential Kitchen for Bed and Breakfast Establishments ☐ Frozen Dessert Manufacturer
21. Length Of Permit: *(check one)* ☐ Annual ☐ Seasonal/Dates: _____ ☐ Temporary/Dates/Time:		

23. Food Operations: *(check all that apply):*

Definitions: PHF – potentially hazardous food (time/temperature controls required)
Non-PHF's – non-potentially hazardous food (no time/temperature controls required)
RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)

☐ Sale of Commercially Pre-Packaged Non-PHF's	☐ PHF Cooked To Order	☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
☐ Sale of Commercially Pre-Packaged PHF's	☐ Preparation Of PHFs For Hot And Cold Holding For Single Meal Service	☐ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
☐ Delivery of Packaged PHFs	☐ Sale of Raw Animal Foods Intended to be Prepared by Consumer.	☐ Vacuum Packaging/Cook Chill
☐ Reheating of Commercially Processed Foods For Service Within 4 Hours.	☐ Customer Self-Service	☐ Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
☐ Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	☐ Ice Manufactured and Packaged for Retail Sale	☐ Offers Raw Or Undercooked Food Of Animal Origin.
☐ Preparation Of Non-PHF's	☐ Juice Manufactured and Packaged for Retail Sale	☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service
	☐ Offers RTE PHF in Bulk Quantities	*To be completed by the Board of Health* **Total Permit Fee:**_____ **Payment is due with application**
	☐ Retail Sale of Salvage, Out of Date or Reconditioned Food	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

24. Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25. Social Security Number or Federal ID: _____

26. Signature of Individual or Corporate Name: _____